



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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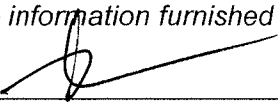
LOBBYIST REGISTRATION FORM

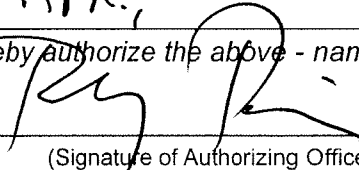
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) (First) (Middle)			TELEPHONE
LAU, TERRY W.T.			597-1441
MAILING ADDRESS (Street)			FAX
320 Ward Ave. #209			593-2149
(City)	(State)	(Zip Code)	
Hon.,	HI		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii State AFL-CIO			597-1441
MAILING ADDRESS (Street)			FAX
320 Ward Ave. #209			593-2149
(City)	(State)	(Zip Code)	
Hon.,	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
TERRY LAU			597-1441
MAILING ADDRESS (Street)			FAX
320 Ward Ave. #209			593-2149
(City)	(State)	(Zip Code)	
Hon.,	HI	96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 _____ (Signature of Lobbyist)	3-207 _____ (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Randy Pereira	President
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii State AFL-CIO	597-1441
MAILING ADDRESS (Street)	FAX
320 Ward Ave. #209	593-2149
(City)	(State)
Hon.	HI
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
 _____ (Signature of Authorizing Officer or Person Represented)	3-5-07 _____ (Date)